Division of Health Service Regulation

STATE FORM

No. 4758 P. 2

PRINTED: 05/14/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPU A. BUILDING;	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED			
HAL060049		8. WING		04/22/2015				
			DREEC CAY P	TATE TIP CODE	0 11222010			
BROOKDALE CARRIAGE CLUB PROVIDENCE STREET ADDRESS, CITY, STATE, ZIP CODE S816 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226								
						(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	
C 000	C 000 Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates on April 22, 2015. Based on Information gathered from our files, the facility was first licensed or submitted for		C 000	CONSTRUCTION SEC	TON			
				MAY 2 8 2015				
				RECEIVE	D.			
	licensure on or about December 30, 1997 with Thirty-Four (34) Special Care Resident Beds. Based on this information, the facility is required			,	-			
	to meet the 1996 Homes for the Aged and Disabled- Minimum Standards and Regulations; the 1996 Edition of the North Carolina State							
		on 409.1- Group I ancy; and the applicable Rules for Licensing of Adult						
	Care Homes of Seve							
C 164		urnishings-Clean, Repaired	C 164					
	SECTION .0300 - PI 10A NCAC 13F .030 FURNISHINGS	HYSICAL PLANT 6 HOUSEKEEPING AND						
	(a) Adult care homes	gs, and floors or floor						
	(2) have no chronic							
	(e) This Rule shall a facilities.	pply to new and existing						
	This Rule is not met 1-Based on observa maintain the ceilings	tions, the facility has failed to		A complete inspection of all o been completed. All loose tile been set in the grid. Damaged	s have			
	Findings include:			be replaced by June 30, 2015. Inspections will occur monthly	y or after			
	uplifted and not set w	roughout the facility are rell into the grid and in many ped, or broken, Specific are not limited to:		ceiling work has occurred to e remain intact.	nsure tiles			
vision of He	vision of Health Service Regulation							
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE TITLE (X8) DATE (X8) DATE								
TATE FORM	/	(and E and	- ///	FT21	If continuation sheet 1 of 4			
			40					

	Division	of Health Service Re	egulation					
		NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
			HAL060049	B. WING		04/2	2/2015	
BROOKDALE CARRIAGE CLUB PROVIDENCE 5816 OLD			IB PROVIDENCE 5816 OLD	DRESS, CITY, PROVIDEN TTE, NC 28				
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(AS) COMPLEYE DATE	
	C 164	C 164 Continued From page 1		C 164				
		3- Laundry 2- Based on observ	stroom doors near Room 122 ations, the facility has failed to g in a clean manner.		The doors/frames have all be inspected and cleaned as of 2015. These areas will be income the monthly inspection and enecessary.	May 26, luded in		
		a- Many of the door and lint around them	ations, the facility has failed to		The odors in room 129 will b by replacing the carpet with flooring, and having the mat	laminate tress	nate 🥨	
		a- In the following rooms, there was a distinct date odor of urine to include, but not limited to:		cover. A new enzyme cleane daily. We have a regular sche	replaced and protected with an encased cover. A new enzyme cleaner is used daily. We have a regular schedule to clean carpets in that hallway.			
	C 166	Housekeeping-Main	tained Free of Hazards	C 168				
		FURNISHINGS (a) Adult care homes (5) be maintained in orderly manner, free hazards;	6 HOUSEKEEPING AND					
		This Rule is not med 1- Based on observa maintain the building	ition, the facility has failed to					
		Findings include:	,	.				

Q8FY21

Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSYRUCTION A: BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		HAL060D49	B. WING		04/2	2/2015		
NAME OF	PROVIDER OR SUPPLIER	STATE, ZIP CODE						
BROOK	DALE CARRIAGE CLU	ID DDOVIDENCE	PROVIDEN TTE, NC 282					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE ·	(XS) COMPLETE DATE		
C 166	Continued From page 2		C 166					
	molding piece that it being opened more removed, possibly a window and potential level. Specific examilimited to: 1- Room 131 2- Room 132 b- In the 1st Floor Livent has been discomed.	the resident rooms, the restricts the windows from than 6 inches has been allowing a resident to open the ally fall from the 2nd floor ples include but are not aundry, the dryer exhaust onnected from dryer, allowing at to be distributed and settle using a fire hazard.		All windows have been insponiesing blocks installed. This included in the monthly inspany missing blocks will be reimmediately. Nightly inspections of the larooms, with particular attendryer vent, will ensure this a intact.	s area is pection, a eplaced undry ution to th	nd		
C 189	SECTION .0300 - P 10A NCAC 13F .03' REQUIREMENTS (a) The building and mechanical, and plu care home shall be operating condition. (k) This Rule shall a facilities with the ex-	f1 OTHER d all fire safety, electrical, imbing equipment in an adult maintained in a safe and	C 189					
	ensure that the eme are properly maintal Findings include: a- Throughout the fa were found to not ill	ations, the facility failed to ergency evacuation systems		New exit signs have been or Exit signs will be replaced by 2015.				

Q8FT21

Division	of Health Service Re	egulation			FORM	MELKOVED
STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	A. BUILDING; 01		LETED
					1	
		HAL060049	B. WING	_	04/2	2/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DORESS CITY	STATE, ZIP CODE		
		5816 OI	D PROVIDE			
BROOKE	DALE CARRIAGE CLU	IH PROVIDENCE	TTE, NC 28			
(X4) ID	AND STATE OF THE PROPERTY OF T					(%5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AC				(EACH CORRECTIVE ACTION SHOUL		DATE
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIA						DATE:
C 189	Continued From pa	~ · · ·	C 189			
0 100	pa	ge 3	C 109			
	not limited to:					
- 1		ar the Mechanical Room	1	1		
ĺ	3- 2nd Floor at t	the Activity Room			- 1	
	O' Ella I lool at l	THE PROPERTY.		1		
		•				
	Based on observation	ons, the facility has falled to				
	operating condition.	system in a safe and			[- 1
	operating continion.					
	Findings include:					
	a The LDMC subsection	words to some some of the				
a- The HVAC return vents in many areas of the facility are coated with dust.					1	
	racinty are coates wi	iii obst.				- 1
			A segular sleaning schodule		- 1	
			A regular cleaning schedule established to ensure all ven		_	
			and HVAC units – are mainta		'8 .	
				safe and operating condition		
	,			sate and operating condition	. [
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